

1 - Agency Identification

Agency Name:	
---------------------	--

Agency Contact Information

First Name:		Last Name:	
--------------------	--	-------------------	--

Title:	
---------------	--

Business Address:	
--------------------------	--

City:		State:		ZIP:	
--------------	--	---------------	--	-------------	--

Work E-mail:	
---------------------	--

Work Phone:	
--------------------	--

Cell Phone:		Pager:	
--------------------	--	---------------	--

Agency Mission Statement:	
----------------------------------	--

Agency Goals and Objectives:	
-------------------------------------	--

2 - Summary of Areas of Responsibility

This section provides a summary list of those responsible and authorized for actions taken during a declared disaster, including those that will communicate with the media. This list should include Team Leaders responsible for restoring processes but should not include other team members or contacts. Ensure that the full details for these people are filled out on the Recovery Personnel Form.

Name	Responsibility/Authorization	Home Phone	Work Phone
	Primary--Declare an Agency Disaster		
	Secondary—Declare and Agency Disaster		
	Media Spokes Person		
	Team XXX Leader		

3 - Summary of Business Processes

Identify each core business process by type: Critical, Essential, or Administrative

[illegible]

*“**CRITICAL FUNCTIONS**” are functions which have a direct and immediate affect on the general public in terms of the loss of life, personal injury, loss of property, and/or the ability of government to maintain direction and control. The loss of a critical function may either result in such losses or inhibit government’s ability to preclude or minimize such losses. Most State agencies will not have “critical functions.”

“**ESSENTIAL FUNCTIONS**” are functions, which provide government services to the public, which are not deemed “critical functions.”

“**ADMINISTRATIVE FUNCTIONS**” are functions, which relate to the internal control, management, and administration of a government agency supporting its ability to perform operational functions, e.g., training, payroll, personnel services, facility maintenance, etc.

4 - Business Process Information

Complete this form for each process and/or function your group performs during normal operations or would need to perform because of a prolonged outage.

Process Name:					
*Phase:					
	Choices: Response, Resumption, Recovery, and Restoration				
Team Name:					
**Process Rating:					
	*Choices: Critical, Essential, and Administrative				
Priority Sequence:					
	Choices: 1, 2, 3, 4, etc.				
Process Category:					
	Choice: TBD				
***Frequency:		Backup:			
	Choice: Yes or No				
****MAO:			*****RTO:		
	Please provide time with unit of measure.			Please provide time with unit of measure.	
Insurance Coverage:			Dollar Amount:		
	Choice: Yes, No or N/A				
Minimum Number of Employees:		Dollars Invested for Resumption:		Dollars Necessary During Resumption:	

***Phase:**

Response: the reaction(s) to an incident or emergency in order to assess the level of containment and control required activities.

Resumption: the process of planning for an/or implementing the recovery of critical business operations immediately following an interruption or disaster.

Recovery: the process of planning for and /or implementing recovery of less time sensitive business operations and processes after critical business process functions have resumed.

Restoration: the process of planning for and/or implementing full-scale business operations, which allow the organization to return to a normal service level.

****Process Rating:**

Critical: are functions which have a direct and immediate affect on the general public in terms of the loss of life, personal injury, loss of property, and/or the ability of government to maintain direction and control. The loss of a critical function may either result in such losses or inhibit government's ability to preclude or minimize such losses. Most State agencies will not have "critical functions."

Essential: are functions that provide necessary government services to the public which are not deemed "critical functions."

Administrative: are functions which relate to the internal control, management and administration of a government agency supporting its ability to perform operational functions, e.g., training, payroll, personnel services, facility maintenance, etc.

*****Frequency:** Daily, Weekly, Bi-Weekly, Semi-Monthly, Monthly, Quarterly, Semi-Annually, Annually, On Demand, Variable

******MAO** (Maximum Allowable Outage): the amount of time the process can be out without causing harm to agency or customers.

*******RTO** (Return to Operation): the amount of time in which it takes to restore the process.

5 - Business Information and Documents

Complete a form for each document, data set, hard copy file, manual, and other information you need to recover or perform your processes/functions.

Process Name:			
Information Name:			
Information Description:			
Process Name or Support Function:			
Media Type:			
Choice: Paper File, Computer Report, Data Backup, Manual, Fiche, Form, Currency, Stamps, Other			
Information Type Sensitivity:			
Choice: Public, Sensitive, or Confidential also include applicable Arizona Revised Statute			
Original Source:		Alternative Source:	
Backed Up:		Archived:	
Choice: Yes or No		Choice: Yes or No	
Back Up Location:			
Last Update:		Next Update:	

6 - Process Tasks

Please indicate all the steps necessary for restoration for each critical, essential and administrative process.

Process Name:	
----------------------	--

[illegible]

7 - Process Call Tree

Complete the form for each process.

Process Name:	
----------------------	--

Initiator:	
-------------------	--

[illegible]

8 - Internal Agency Dependencies

Identify internal agency dependencies in which this process is dependent and briefly describe the dependency. Also, identify contact name and number for that other Division or Sub-organization.

Process Name:	
----------------------	--

[illegible]

9 - External Dependencies

Identify outside agencies or organization in which this process is dependent and briefly describe the dependency.

Process Name:	
----------------------	--

[illegible]

10 - External Contacts

Complete a form for each vendor, business partner or other external contact that you must contact (either to notify them or to request assistance) in case of a prolonged outage of the indicated process.

Process Name:	
----------------------	--

General

Business Name:	
-----------------------	--

Address:	
-----------------	--

City:		State:		ZIP:	
--------------	--	---------------	--	-------------	--

Phone:		FAX:	
---------------	--	-------------	--

Primary Contact

First Name:		Last Name:	
--------------------	--	-------------------	--

Title:	
---------------	--

Home Address:	
----------------------	--

City:		State:		ZIP:	
--------------	--	---------------	--	-------------	--

Home E-mail:		Work E-mail:	
---------------------	--	---------------------	--

Home Phone:		Work Phone:	
--------------------	--	--------------------	--

Cell Phone:		Pager:	
--------------------	--	---------------	--

Service Information:

Purchase Order #:	
--------------------------	--

Product/Service:	
-------------------------	--

Emergency Lead Time:		Normal Lead Time:	
-----------------------------	--	--------------------------	--

Disaster Recovery Agreements:	
--------------------------------------	--

Alternative Vendor:	
----------------------------	--

Notes:	
---------------	--

11 - Customer Contact

Complete a form for each customer of the indicated process that you must contact in case of a prolonged outage.

Process Name:					
General					
Customer Name:					
Address:					
City:		State:		ZIP:	
Phone:			FAX:		
Primary Contact					
First Name:			Last Name:		
Title:					
Home Address:					
City:		State:		ZIP:	
Home E-mail:			Work E-mail:		
Home Phone:			Work Phone:		
Cell Phone:			Pager:		
Services Provided to Customer:					
SLA/IGA or Agreement #:					
Product/Service:					
Emergency Lead Time:			Normal Lead Time:		
Disaster Recovery Agreements:					
Notes:					

12 - Response/Recovery Team Personnel

Complete a form for each person on the team.

Process Name:					
Team Name:					
Team Member Position:					
Choice: Leader, Alternative Leader, and Member					
Employee ID:					
First Name:		Last Name:			
Title:					
Home Address:					
City:		State:		ZIP:	
Home E-mail:			Work E-mail:		
Home Phone:			Work Phone:		
Cell Phone:			Pager:		
Restoration Site Access:			Backup Site Access:		
Choices: Yes or No			Choices: Yes or No		
Off-site Storage Access:			Command Center Access:		
Choices: Yes or No			Choices: Yes or No		

13 - Business Equipment and Supplies

List all equipment and supplies (to include but not limited to: transportation vehicles, fax, copiers, general furniture, special business forms, paper, etc.) that is needed to perform the processes.

Process Name:	
----------------------	--

Quantity	Manufacturer	Description	Cost	*Phase

***Phase:**

Response: the reaction(s) to an incident or emergency in order to assess the level of containment and control required activities.

Resumption: the process of planning for an/or implementing the recovery of critical business operations immediately following an interruption or disaster.

Recovery: the process of planning for and /or implementing recovery of less time sensitive business operations and processes after critical business process functions have resumed.

Restoration: the process of planning for and/or implementing full-scale business operations that allow the organization to return to a normal service level.

14 - Information Technology Applications

Complete the form for each computer application, other than office productivity tools residing on PCs, necessary to restore the process.

Process Name:			
Computer Application Name:			
Team Name:			
*Application Listed in ISIS:			
Choice: Yes or No			
Server/ Hardware ID:			
System ID:			
Run Frequency:			
File Structure:			
Executable Location:			
Source Code Location:			
System Documentation:		Name:	
Choice: Yes or No			
User Documentation:		Name:	
Choice: Yes or No			
Operations Documentation:		Name:	
Choice: Yes or No			
Restoration Documentation:		Name:	
Choice: Yes or No			

*Inventory System for Information Service (ISIS) is the Government Information Technology Agency's data base in which all agencies are to maintain their IT inventory.

15 - Information Technology Server/Hardware

For each process, please complete the following information about each server or other piece of centralized hardware necessary to restore the necessary computer applications.

Process Name:	
----------------------	--

Computer Application Name:	
-----------------------------------	--

Server/ Hardware ID:	
---------------------------------	--

*Listed In ISIS:	
-----------------------------	--

Choice: Yes or No

Type:		Manufacturer:	
--------------	--	----------------------	--

Model:	
---------------	--

Memory Size:		Hard Disk Size:	
---------------------	--	----------------------------	--

Processor:		IP Address:	
-------------------	--	--------------------	--

Network Operating System:	
--	--

RTO:	
-------------	--

*Inventory System for Information Service (ISIS) is the Government Information Technology Agency's data base in which all agencies are to maintain their IT inventory.

16 - Telecommunications

For each process, please complete the following information about the telecommunications needs for each application that supports a business service/process. This is to include, but not limited—to number of telephone lines, call center integrated applications, data lines, and or special high speed dedicated lines with external customers.

Process Name:	
----------------------	--

Computer Application Name:	
-----------------------------------	--

Server/ Hardware ID:	
---------------------------------	--

*Listed In ISIS:	
-----------------------------	--

Choice: Yes or No

Telecommunication Type:	
--------------------------------	--

Describe in sufficient detail the type, quantity and if known or applicable who is at the distant end that this special high-speed dedicated line connects.

RTO:	
-------------	--

*Inventory System for Information Service (ISIS) is the Government Information Technology Agency's data base in which all agencies are to maintain their IT inventory.

17 - Alternate Sites

Complete this form for each alternative site that is in your business continuity plan including sites used for Command Centers, Backup Sites, Off-Storage Sites, Restoration Sites, etc.

Site Type:	
-------------------	--

Choices: Command Center, Backup Site, Off-Site Storage, Restoration Site, etc.

Description:	
---------------------	--

Location Type:		Square Footage:		Contact Number:	
-----------------------	--	------------------------	--	------------------------	--

Choices: Primary or Secondary

Address:	
-----------------	--

City:		State:		ZIP:	
--------------	--	---------------	--	-------------	--

Telephone:		Fax:	
-------------------	--	-------------	--

Directions:	
--------------------	--

